PREPARED TESTIMONY
OF

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THE WORLD TRADE CENTER MEDICAL MONITORING AND TREATMENT PROGRAM

BEFORE THE

HOUSE COMMITTEE ON ENERGY AND COMMERCE
SUBCOMMITTEE ON HEALTH

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2123 RAYBURN HOUSE OFFICE BUILDING

Chairman Pallone, Ranking Member Deal, and honorable Members of the Energy and Commerce Health Subcommittee. I am Iris G. Udasin, MD, associate professor of Environmental and Occupational Medicine at University of Medicine and Dentistry of New Jersey- Robert Wood Johnson School of Medicine and New Jersey Principal Investigator of the World Trade Center Medical Monitoring and Treatment Program. I am board certified in internal medicine and occupational medicine and serve as director of employee health for the University, and course director for the medical student course in clinical prevention. My experience includes more than 20 years of clinical practice as a "real doctor" diagnosing and treating occupational and environmental illnesses. I have personally examined and treated approximately 1000 patients who responded to the tragedy at the World Trade Center.

The complex mixture of contaminated material present at the WTC site has resulted in an unprecedented incidence of illness. This material was highly alkaline, leading to the absorption of large particles of cement, glass, asbestos, and other fibrous materials as well as toxic gases from combustion. Submitted with my testimony is a magnified picture of a dust particle that was collected from the WTC site. It is noted that scientists at EOHSI (the Environmental and Occupational Health Sciences Institute, a joint project of UMDNJ and Rutgers University) were involved in characterizing this toxic material. Even six years after the tragic event, at least two thirds of our patients present with significant respiratory and gastrointestinal illnesses complicated by mental health disorders. In order to fully appreciate the diseases that are now prevalent in this

population, I direct your attention to the photographs of Deputy Chief Lacey Wirkus and some of the other members of the Elizabeth, New Jersey Fire Department that responded to the tragic event. These photographs (see appendix) illustrate the routes of exposure to the toxic material and help to explain the mechanism of the illnesses sustained by the responders. Chief Wirkus donated these photographs for the purpose of representing all of the responders who included construction workers, communication workers, law enforcement, health care workers, as well as all of the paid and volunteer rescue and recovery personnel. Though the individuals in this photograph had respiratory protective equipment, you can see that the masks became weighted down by the contaminated material and did not offer sustained protection from the toxic material. As depicted in the picture, there were huge amounts of dust and smoke debris on his face, clothing, hair, and any other unprotected skin. The work was physically demanding, but these workers persisted, working shifts of 12 hours of more in the days that immediately followed the tragedy.

The toxic material was absorbed by breathing, skin contact, and ingestion, as workers were contaminated even as they ate and drank at the site. This population continued to work at the site, and most of them continue to work today despite suffering from conditions such as asthma, bronchitis, sinusitis, laryngitis, rhinitis, and gastroesophageal reflux. They have persistent symptoms including difficulty breathing, shortness of breath, wheezing, chronic cough, chest pain, head congestion, sinus pressure, sore throat, indigestion, and heartburn. Some patients present with decreased exercise tolerance and fatigue, which potentially could disable them from sensitive law enforcement, fire

fighting and construction work. Many of our patients suffer from post traumatic stress disorder and depression. Some of our patients are now not able to work, or are working at lower status jobs. Many have lost or have limited health insurance benefits as they are not able to work at their chosen jobs, or were forced to take early retirement.

Uninsured patients and those without prescription benefit plans clearly need the services of the WTC Medical Monitoring and Treatment Program as they have minimal or no medical care. However, despite the fact that the majority of patients seen at our New Jersey site have at least some health insurance and do have primary care physicians, at least 60% of our patients are either untreated or under treated for complicated and comorbid medical and mental health illnesses. Furthermore, typical health insurance covers mental health issues separately and often has insufficient reimbursement rates, rendering mental health care extremely difficult to afford. In order to correctly diagnose these illnesses, it is necessary for the health professionals to spend significant amounts of time simultaneously evaluating the medical, occupational, exposure, and psychological histories, as well as performing a detailed physical and mental health examination. These medical monitoring assessments can take several hours to result in proper diagnosis of our patients, far longer than what insurance covers for typical community encounters. In many instances additional testing is necessary; including spirometry with flow volume loops, x-rays, and laboratory testing. Often specialized testing such as methacholine challenge testing, rhinolaryngoscopy, endoscopy, and overnight polysomnography is needed to appropriately diagnose our patients. The purpose of these specialized tests is to identify and treat unusual presentations of asthma and other respiratory illnesses which

are described in the examples below. Many community physicians do not have access to these tests, while our UMDNJ specialists have built up a substantial hands-on knowledge of the unique aspects of routine diseases in this population. Additionally, because of the atypical presentations of our patients, it is difficult to assess these combination of conditions, even for physicians with extensive experience in the individual conditions.

The diagnostic dilemmas faced by examining physicians can be appreciated by the following patient presentations:

Patient 1 is a 31 year old man who presented with a dry cough, sore throat, anxiety, and decreased ability to exercise. He was being treated for anxiety and had a nasal spray that didn't work and an asthma medication that he took occasionally. Further examination showed the presence of severe sinusitis, as well as asthma. His respiratory symptoms have improved after sinus surgery and proper treatment of his asthma. His anxiety level has improved, but still requires prescription medication for his anxiety and asthma. His exercise tolerance has returned to previous levels.

Patient 2 is a 46 year old man with severe coughing and heartburn. He had been on several prescription cough medicines as well as numerous nasal sprays with no relief. His physical examination was normal, as was his baseline breathing test. However, his methacholine challenge testing was diagnostic of asthma or reactive disease, and he responded well to prescription strength asthma medication, but does require three asthma

medications on a daily basis and one medication on an as needed basis. He was also diagnosed with gastroesophageal reflux, and requires prescription strength medication.

Patient 3 is a 39 year old previously healthy man who was extremely short of breath and had a chronic cough. His original diagnosis was pneumonia. He received several courses of antibiotics without relief. Biopsy of his lungs was consistent with sarcoidosis. He currently takes three prescription strength medications, but is unfortunately disabled from his work as a police officer.

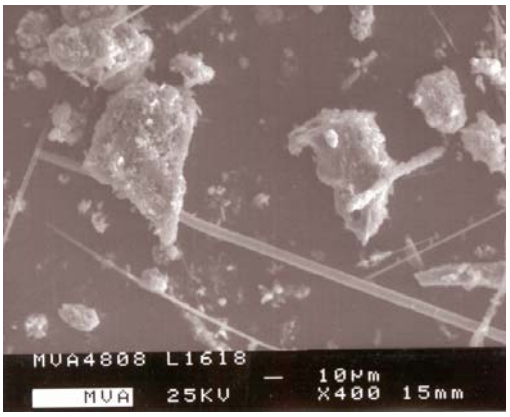
Once the diagnosis is made, treatment is also complicated and frequently requires the use of several prescription medications. This is clearly a burden to patients who do not have prescription drug coverage. Even in patients who do have coverage, many have prohibitive co-pays, or have insurance constraints which prevent them from receiving brand name medications which might better treat their illnesses.

Beyond the common upper and lower respiratory conditions that affect the majority of our patients, there is concern about the possibility of life-threatening long term chronic illnesses such as pulmonary fibrosis, sarcoidosis, cancer, and heart disease. The monitoring program provides the opportunity for early detection and intervention to potentially lessen the severity of these illnesses. It is our goal to improve treatment of the acute and persistent health problems seen now in our patients, enabling a decrease in future illness and disability and hopefully more productive lives.

In order to continue to allow experienced physicians to treat these complicated illnesses as well as provide adequate diagnostic testing and prescription medications that are needed, as a concerned physician I implore you to continue the funding of the program by the National Institute for Occupational Safety and Health. We continue to provide physical and mental health care for those people who willingly care for all of the rest of us.

Thank you for this opportunity to appear before the Subcommittee.

The General Appearance of the Bulk Dust



Analyses by Millette, MVA, in Lioy et al, EHP, 2002

Summary of Testimony of Iris G. Udasin, MD

I am testifying before the Subcommittee as a faculty member from the University of Medicine and Dentistry of New Jersey (UMDNJ) and as a principal investigator for the World Trade Center (WTC) Medical Monitoring and Treatment Program. The purpose of my testimony is to describe my clinical experience in the treatment of these patients who have complicated illnesses and to substantiate the need for continued funding. Our patients have complicated medical conditions such as asthma, bronchitis, sinusitis, laryngitis, rhinitis, and gastroesophageal reflux. The patients have unusual presentations that make these conditions difficult to diagnose, requiring more physician time than is usually allotted by primary care physicians. Our patients also need access to physicians who are experienced in the treatment of World Trade Center-related health conditions. Sometimes the diagnosis is so difficult, that additional testing is needed which is not easily available to community physicians.

When our patients have received the correct diagnosis, they often require several medications to treat their conditions. These medications are often costly. Even if a patient has prescription insurance, the co-pays can be very costly, and many brand name medications are not covered at all by some insurance companies. Mental health claims are also not always covered by health insurance coverage.

I am asking the Subcommittee to continue to fund the program which provides experienced physicians well versed in the treatment of WTC related conditions, and access to the medications and specialized tests that are needed.